

**CREEKWOOD ANIMAL HOSPITAL, INC.**  
**PET REGISTRATION AND HISTORY**

Thank you for giving us the opportunity to care for your pet. We will be happy to answer any questions about your pet's health. To insure the best care possible, please fill in this form completely. Thank you.

Owner's name (last) \_\_\_\_\_ (first) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone (\_\_\_\_) \_\_\_\_\_ Work phone (\_\_\_\_) \_\_\_\_\_ Cell #(\_\_\_\_) \_\_\_\_\_

Employer \_\_\_\_\_ Spouse work phone(\_\_\_\_) \_\_\_\_\_

Beside yourself, who can make medical decisions for your pet (family, friends, etc., list more than 3 if needed)?

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

How did you learn of our hospital?     Yellow pages             Sign             Referral

By whom? \_\_\_\_\_  Other \_\_\_\_\_

**Pet No. 1**

Name \_\_\_\_\_

Dog     Cat    Breed \_\_\_\_\_

Male     Neutered     Not neutered

Female     Spayed     Not spayed

Color \_\_\_\_\_ Birthdate \_\_\_\_\_

Vaccinations given \_\_\_\_\_

Date given \_\_\_\_\_

Previous hospital \_\_\_\_\_

Any previous health problems \_\_\_\_\_

Current medications, if any \_\_\_\_\_

Reason for visit \_\_\_\_\_

**I assume responsibility for all charges incurred in the care of my pet. I also understand that these charges will be paid at time services are rendered and that a deposit may be required for surgical/medical treatment.**

Owner or Responsible party \_\_\_\_\_

Date \_\_\_\_\_

If you plan to pay by check or credit card, please complete the following:

Credit card (company) \_\_\_\_\_ Acct. # \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_

Drivers license # \_\_\_\_\_ State \_\_\_\_\_